

# Camp Shalom-Kochavim Application Grades K-2

Child's Full Name	Child's Date of Birth	Gender

Child's Home Address

Parent or Guardian's Name	Child's T-Shirt Size (Circle Bellow):
	YXS YS YM YL YXL S M L XL

Parent or Guardian's Email	Address (if different from child's address)

Parent's Telephone No.	Parent's Telephone No.	Guardian's Telephone No.	Cell Phone No.

Give the name, address, and phone number of person to call in case of an emergency if parents / guardian cannot be reached:	Relationship

I hereby authorize Camp Shalom to allow my child to leave Camp **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

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<b>1. CONSENT TO APPLY SUNSCREEN, LOTION, AND/OR BUG SPRAY</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- name of product(s):
<b>2. FIELD TRIPS:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in field trips.
<b>3. WATER ACTIVITIES:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to participate in water activities.
<b>4. TRANSPORTATION:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	- my consent for my child to be transported and supervised by the camp's employees
<b>5. AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>	I give consent for the facility to secure any and all necessary emergency medical care for my child.	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <span><i>Signature Parent or Legal Guardian</i></span> <span><i>Date</i></span> </div>

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Camper's Name:

**Please check the Program (Camp or Camp Extended) for each week of camp  
in the corresponding boxes.**

		Dates	Camp 9:00 - 3:30 \$150	Camp Extended 7:30—6:00 \$200	Camp Fees
Session I	Week 1	June 1-5			
	Week 2	June 8-12			
	Week 3	June 15-19			
Session II	Week 4	June 22-26			
	Week 5	July 6-10			
	Week 6	July 13-17			
	Week 7	July 20-24			
	Week 8	July 27-31			

\*Camp Shalom Extended is based on availability.\*

	<b>Sub Total</b>	
Payment in full by 6:00 pm April 17 = 10% Discount	- Discount	
Application Fee: \$50 if by March 27, \$75 after		\$
	<b>Amount Due</b>	

OFFICE USE ONLY	Date Paid	
	Amount	
	Pymt Method	

**Registration and Camp payments are non-refundable**

  
  


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Signature- Parent or Legal Guardian Date

*Thank you!*